

# Foster Family Home - Corrective Action Report

Provider ID: 1-569949

Home Name: Patricia Nicolas, CNA

Review ID: 1-569949-6

2008 Kealoha Street

Reviewer: David Ayling

Honolulu

HI 96819

Begin Date: 12/5/2019

Foster Family Home

Required Certificate

[11-800-6]

6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

Home inspection for a 3 person CCFFH recertification.

6.(d)(1) - Home will receive a 3 bed certification.

David A. Ayling Jr  
Compliance Manager

Patricia Nicolas  
Primary Care Giver

12/5/19  
Date

12/5/19  
Date